

## CLAIMS ONLY

Application Number

**Filing Date****Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend
1				
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50				
Total Indep				
Total Depend				
Total Claims				

May be used for additional claims or amendments

	AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend
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100				
Total Indep				
Total Depend				
Total Claims				